

**June 2016**



## **Alternative Fueling Facilities Program (AFFP):**

### **Request for Reimbursement (RFR) Forms**

#### ***To Be Used for 2016 Contracts***

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**Texas Commission on Environmental Quality (TCEQ)**  
**Texas Emissions Reduction Plan (TERP)**  
**Alternative Fueling Facilities Program (AFFF)**  
**INSTRUCTIONS FOR COMPLETING FORM 1 WHEN REQUESTING REIMBURSEMENT OF YOUR GRANT**  
**FOR 2016 CONTRACTS**

**Use Form 1 to request reimbursement for the eligible expenses of the project associated with your contract.** You must submit all of the required and requested documentation with your request. The documentation requirements are located in Article 17 of your contract as well as identified herein. The same person who signed the Contract, or the person authorized in the Contract, must sign the Request for Reimbursement (RFR) Form 1. The Form 1 submitted must contain original signatures, in blue ink.

**GUIDELINES FOR SUBMITTING A REQUEST FOR REIMBURSEMENT**

**Request for Reimbursement (RFR) Form 1.** The Request for Reimbursement (RFR) Form 1 summarizes your request for reimbursement and calculates the payment you are eligible to receive with the request.

On **Line 1**, enter the TCEQ Contract # as stated on the Signature Page (page 1) of the contract.

On **Line 2**, enter the Grant Performing Party's Name as stated on the Signature Page (page 1) of the contract.

On **Lines 3 - 3c**, enter the Mailing Address where this reimbursement payment is to be mailed.

On **Line 4**, indicate the number of this request for this contract, with "A" being the first request, "B" being the second request, etc.

Use **Line 5** to indicate whether additional reimbursement requests, other than the Request for Retained Funds, will be submitted for this contract. "Yes" indicates that at least one more request will be submitted *other* than the Request for Reimbursement of Retained Funds. "No" indicates that there will be no other reimbursement requests for this contract other than the Request for Reimbursement of Retained Funds.

On **Line 6**, enter the Contract Period as stated on the Signature Page of the Contract. The "From" date is the date the contract was signed by the TCEQ representative and the "To" date is the contract end date.

Use **Line 7** to enter the Billing Period Covered by this RFR with "From" being the date of the "oldest" invoice included and "To" being the date of the newest or most recent invoice. Use only the invoices being submitted as part of this RFR, regardless of the expense category.

**Line 8. Request for Reimbursement - Reimbursable \$ Amount Calculation (Lines 8a - 17):**

**Column B:** Indicate the amount of each Expense Budget Category as per the Approved Budget identified in your contract.

**Column C:** Indicate for each Expense Budget Category the total costs requested in all previously submitted RFRs for this contract.

**Column D:** Indicate for each Expense Budget Category, the total of each respective Supplemental Form submitted. If the electronic version of these forms is being utilized, the applicable amounts for each Expense Budget Category should auto-populate from the respective Supplemental Form.

**Column E and Column F:** Enter the appropriate amounts for each Expense Budget Category in both Columns E and F by performing the indicated calculations. Again, if utilizing the electronic version of these forms, the amounts should auto-populate from the amounts provided in columns B - D.

Enter the totals for each of the columns on **Line 9**. The totals should auto-populate with the appropriate sums of Lines 8a-8e for each column respectively if using the electronic version of the forms.

Enter the total of Column D on **Line 10**. Line 10 should auto-populate with the total of Column D, the Total Costs Applied to the Project for this RFR, if using the electronic version.

**Line 11** represents the total amount eligible to be reimbursed with this RFR. Please Note that at this stage, this amount still includes the amount of the Retained Funds associated with this request. Calculate this amount by multiplying Line 10 by 50%. Line 11 should auto-populate if using the electronic forms.

Enter the total Approved Grant Amount, on **Line 12**, as indicated in the contract.

On **Line 13**, enter the total cumulative amount of eligible reimbursable costs from all of the previously submitted RFRs (i.e. the total of Column C for this RFR divided by 2). This amount should auto-populate if utilizing the electronic version of the forms.

On **Line 14**, calculate the amount of the total grant awarded that is still to be reimbursed, prior to the reimbursement of this RFR, by subtracting Line 13 from Line 12. The amount should auto-populate with the difference of Line 13 minus Line 12 with the electronic forms.

On **Line 15**, enter the total eligible reimbursable amount for this RFR by taking the lesser amount of Lines 12 and 14. The amount should auto-populate with the electronic forms.

On **Line 16**, enter the amount of Retained Funds to be withheld with this request by multiplying Line 15 by 25%. Line 16 should auto-populate if using the electronic version of the forms.

**Line 17** indicates the actual amount of the reimbursement payment for this RFR by subtracting Line 16 from Line 15. Again, this amount will auto-populate if utilizing the electronic version of these forms.

**Lines 18 - 18a:** Please make sure to read and understand Line 18 prior to the Authorizing Certifying Official for the Grant Performing Party acknowledging the statement by signing Line 18a in blue ink, and entering the signature date on Line 18b. Lines 18a and 18b must be completed for every RFR submitted.

**Texas Commission on Environmental Quality (TCEQ)**  
**Texas Emissions Reduction Plan (TERP)**  
**Alternative Fueling Facilities Program (AFFF)**  
**INSTRUCTIONS FOR COMPLETING THE SUPPLEMENTAL FORMS**  
**FOR 2016 CONTRACTS**

Use the respective Supplemental Forms to itemize costs for all eligible expenses of the project identified in your contract and associated with this Request for Reimbursement (RFR). You must submit ALL required documentation of ALL expenses with your request. The documentation requirements are located in Article 17 of your contract as well as identified herein, on Form 1 and the Form 1 Instructions.

**GUIDELINES FOR SUBMITTING THE SUPPLEMENTAL FORMS**

**Supplemental Forms A-E:** The Supplemental Forms are to be used along with Form 1 when submitting a Request for Reimbursement (RFR). There is a Supplemental Form for each Budget Category Expense. The Supplemental Forms are used to itemize expenses during a specific Billing Period (see Line 7 on Form 1) - and for a specific RFR - for each specific budget category. The applicable Supplemental Form must be submitted with each Request for Reimbursement (RFR) when costs have been expended during the Billing Period (per Form 1, Line 7) and reimbursement is being requested for those expended costs. Please refer to the instructions provided on Form 1, on each Supplemental Form, and Article 17 of your Contract, in addition to these instructions for assistance and guidance. All expenditures must be itemized for the Billing Period according to a specific approved budget category. Listed below are a few category specific instructions followed by some general instructions related to all categories.

- **Equipment:** Equipment is defined as non-construction related, tangible personal property having a unit acquisition cost of \$5,000 or more (including sales tax and delivery) with an estimated useful life of over one year. Equipment constructed with grant funds should be budgeted as Equipment if the sum of the separate component parts (including tax and delivery) has an original value of \$5,000 or more. For the purposes of CTT/AFFF grants, natural gas and alternative fuel dispensing equipment (including storage tanks, compressors, charging stations, electrical infrastructure, and other equipment at the facility directly needed to store and dispense natural gas and alternative fuels) should be budgeted as Equipment. An invoice and cancelled check as proof of payment will be required for reimbursement of all equipment costs. Equipment costs that do not involve an arms-length transaction (e.g. use of inventory without a proof of purchase) are not reimbursable.
- **Supplies & Materials:** Supplies & Materials are defined as non-construction related costs for goods and materials having a unit acquisition cost (including sales tax and delivery) of less than **\$5,000**. Basic items such as telephones, tools (wrenches, screwdrivers, etc.), office supplies, etc., are considered to be a cost of doing business and will not be funded. An invoice and cancelled check as proof of payment will be required for reimbursement of all supplies greater than \$500 in value. The TCEQ cannot reimburse for food or drink as Supplies.
- **Construction:** Construction expenses are defined as the costs for enhancement or building of permanent facilities. Construction costs can include: costs of planning, designing, and engineering; materials and labor connected with the construction; and any subcontracts including contracts for services in connection with the construction.
- **Contractual:** Contractual expenses are defined as non-construction related costs for professional services or tasks provided by a firm or individual who is not employed by the applicant. Each subcontractor/consultant should be listed separately. Major subcontractors may need to submit a quote or itemized budget in support of the application budget.
- **Other:** Other expenses not falling under the other cost definitions should be itemized in this category. The TCEQ cannot reimburse for food or drink as 'Other.' Overhead expenses such as rent and utilities fall under Indirect Costs and are ineligible for reimbursement with CTT or AFFF grant funds.
- **General Instructions for ALL Categories:** Itemize all expenses and provide supporting documentation to clearly and fully support the billed expense. ALL expenses must be itemized unless otherwise directed immediately above. Each itemized cost must be supported with detailed invoices that clearly state the date billed, amount billed, explanation of the goods/services provided, and the project name and/or site/location. In addition, each invoice must be supported with proof of payment. Proof of payment may be in the form of any or all of the following: copies of cancelled checks (front and back), copies of wire transfers, copies of cashier's checks, cash receipts, copies of credit card statements and copies related bank statements

**Texas Commission on Environmental Quality (TCEQ)**  
**Texas Emissions Reduction Plan (TERP)**  
**Alternative Fueling Facilities Program (AFFP)**

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**MAILING INSTRUCTIONS FOR SUBMITTING REQUESTS FOR REIMBURSEMENT (RFRs)**

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Mail the completed forms and all of the required documentation to one of the addresses below. Form 1 must have original signatures wherever signatures are required.

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**MAILING INSTRUCTIONS**

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Please make sure that all of the information listed below is included on your mailing label to ensure the Request goes to the correct office.

**Standard Mail**

Texas Commission on Environmental Quality  
Air Quality Division  
Implementation Grants Section, MC-204  
ATTN: Reimbursement  
P.O. Box 13087  
Austin, TX 78711-3087

**Express (Overnight) Delivery**

Texas Commission on Environmental Quality  
Air Quality Division  
Implementation Grants Section, MC-204  
12100 Park 35 Circle  
ATTN: Reimbursement  
Austin, TX 78753

**Hand Delivery**

Texas Commission on Environmental Quality  
Air Quality Division  
Implementation Grants Section, MC-204  
12100 Park 35 Circle  
Building F, 1st Floor, Suite 1301  
ATTN: Reimbursement  
Austin, TX 78753

**Texas Commission on Environmental Quality (TCEQ)**

**Texas Emissions Reduction Plan (TERP)**

**Request for Reimbursement (RFR) Form 1 for 2016 Contracts of the Alternative Fueling Facilities Program (AFFP)**

Please refer to the detailed instructions provided for assistance in correctly completing this Form and all other Forms associated with this RFR. Be sure to include All Applicable Supplemental Forms and Necessary Supporting Documentation when Requesting Reimbursement.

<b>1. TCEQ CONTRACT NUMBER</b> <i>(As it Appears on Contract)</i>					
<b>2. GRANT PERFORMING PARTY NAME</b> <i>(As it Appears on Contract)</i>					
<b>3. GRANT PERFORMING PARTY MAILING ADDRESS</b> <i>(Mailing address to be used for reimbursement payment)</i>					
<b>3a. GRANT PERFORMING PARTY MAILING ADDRESS 2</b> <i>(Include Suite #, Floor #, Attention to, etc.)</i>					
<b>3b. GRANT PERFORMING PARTY MAILING CITY, STATE</b>					
<b>3c. GRANT PERFORMING PARTY MAILING ZIP CODE +4</b>					
<b>4. REQUEST #</b> <i>(A = 1st Request, B = 2nd Request, etc.)</i>					
<b>5. ADDITIONAL REQUESTS TO FOLLOW?</b> <i>(Enter "X" in appropriate box: "Yes" indicates that there will be at least one more RFR submitted this contract IN ADDITION to the Request for Reimbursement of Retained Funds. "No" indicates this is the final request except for submitting the Request for Reimbursement of Retained Funds.</i>		<b>Yes</b>		<b>No</b>	
<b>6. CONTRACT PERIOD</b> <i>(As indicated on the Signature Page of the contract)</i>		<b>From:</b>		<b>To:</b>	
<b>7. BILLING PERIOD COVERED BY THIS RFR</b> <i>(From = Date of "oldest" invoice and To = Date of most recent/newest invoice)</i>		<b>From:</b>		<b>To:</b>	
<b>8. Request for Reimbursement - Reimbursable \$ Amount Calculation</b>					
COMPLETE A SUPPLEMENTAL FORM FOR EACH EXPENSE CATEGORY LISTED BELOW THAT HAVE COSTS ASSOCIATED WITH THIS REQUEST					
<b>Column A Expense Budget Category</b>	<b>Column B Approved Total Budget Category Amounts <i>(From Approved Contract Budget)</i></b>	<b>Column C Total Costs Applied to Project from Previous RFRs <i>(From ALL Previous Reimbursement Requests)</i></b>	<b>Column D Total Costs Applied to Project on this RFR <i>(From Current Supplemental Forms)</i></b>	<b>Column E Actual Cumulative Costs Expended For This Project <i>(Current request + all previous requests, i.e. Column C + Column D)</i></b>	<b>Column F Remaining Budget Balance <i>(Column B - Column E)</i></b>
8a. Equipment Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
8b. Supplies and Materials Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
8c. Contractual Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
8d. Construction Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
8e. Other Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
<b>9. TOTAL</b> <i>(8a + 8b + 8c + 8d + 8e)</i>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>10. TOTAL ELIGIBLE PROJECT COSTS THIS REQUEST</b> <i>(Total Costs Applied to Contract = Total of Column D)</i>				\$ -	
<b>11. TOTAL ELIGIBLE REIMBURSABLE COSTS THIS REQUEST</b> <i>(50% of Total Eligible Project Cost = Line 10 x 0.50)</i>				\$ -	
<b>12. TOTAL APPROVED GRANT AMOUNT</b> <i>(Per the contract)</i>				\$ -	
<b>13. TOTAL ELIGIBLE REIMBURSABLE COSTS FROM ALL PREVIOUS RFRs</b> <i>(The cumulative Eligible Reimbursable Costs from all previously reviewed and approved reimbursement requests, including the amount of applicable Retained Funds.)</i>				\$ -	
<b>14. APPROVED GRANT AMOUNT YET TO BE REIMBURSED</b> <i>(Line 12 - Line 13)</i>				\$ -	
<b>15. TOTAL ELIGIBLE REIMBURSABLE AMOUNT THIS RFR</b> <i>(= lesser amount of Line 12 or Line 14)</i>				\$ -	
<b>16. AMOUNT OF RETAINED FUNDS THIS REQUEST</b> <i>(Line 15 x 0.25)</i>				\$ -	
<b>17. TOTAL ACTUAL AMOUNT TO BE REIMBURSED THIS RFR</b> <i>(Line 15 - Line 16)</i>				\$ -	
<b>18. GRANT PERFORMING PARTY'S CERTIFICATION. I certify to the best of my knowledge and belief that the data on these submitted request forms is correct and that all outlays and unliquidated obligations are for the purposes set forth in the award document.</b>					
<b>18a. Signature of Authorized Certifying Official</b> <i>(Signature of the Grant Performing Party's Certifying Official as identified in the contract -- PLEASE use blue ink):</i>					
<b>18b. Date of Authorized Certifying Official's Signature:</b>					
<b>NOTE:</b> Submit, with this Form 1, all applicable: Supplemental Forms and all necessary and required Supporting Documentation, including proof of payment for all submitted invoices and costs. Please reference Article 17 of the Contract AND the instructions provided with these forms for additional details. All forms submitted must contain original signatures wherever a signature is required. A REIMBURSEMENT PAYMENT MAY NOT BE PROCESSED UNTIL YOU HAVE SUBMITTED ALL OF THE REQUIRED DOCUMENTATION.					

**TCEQ Alternative Fueling Facilities Program (AFFF)**  
**Request for Reimbursement Supplemental Form**  
**Supplemental Reimbursement Form A (Equipment Expenses)**

The PERFORMING PARTY must itemize all expenses, and provide supporting documentation to support the billed expenditure, including proof of payment. Refer to the "Required Documentation" paragraph located in Article 17 of the Contract.

<b>Name of Grant Performing Party:</b>	
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Vendor Name	Invoice #	Invoice Date	Description of Item	Invoice Amount	Invoice Amount to be Applied to Contract	Payment Amount	Form of Payment (Check, Wire, etc.)	Check #/Wire ID #	Payment Date
TOTAL EQUIPMENT EXPENSES TO BE APPLIED TO CONTRACT									

**TCEQ Alternative Fueling Facilities Program (AFFP)**  
**Request for Reimbursement Supplemental Form**  
**Supplemental Reimbursement Form B (Supplies and Materials Expenses)**

The PERFORMING PARTY must itemize all expenses, and provide supporting documentation to support the billed expenditure, including proof of payment. Refer to the "Required Documentation" paragraph located in Article 17 of the Contract.

<b>Name of Grant Performing Party:</b>	
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Vendor Name	Invoice #	Invoice Date	Description of Item	Invoice Amount	Invoice Amount to be Applied to Contract	Payment Amount	Form of Payment (Check, Wire, etc.)	Check #/Wire ID #	Payment Date
TOTAL SUPPLIES AND MATERIALS EXPENSES TO BE APPLIED TO CONTRACT									

**TCEQ Alternative Fueling Facilities Program (AFFP)**  
**Request for Reimbursement Supplemental Form**  
**Supplemental Reimbursement Form C (Contractual Expenses)**

The PERFORMING PARTY must itemize all expenses, and provide supporting documentation to support the billed expenditure, including proof of payment. Refer to the "Required Documentation" paragraph located in Article 17 of the Contract.

<b>Name of Grant Performing Party:</b>	
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Vendor Name	Invoice #	Invoice Date	Description of Item	Invoice Amount	Invoice Amount to be Applied to Contract	Payment Amount	Form of Payment (Check, Wire, etc.)	Check #/Wire ID #	Payment Date
TOTAL CONTRACTUAL EXPENSES TO BE APPLIED TO CONTRACT									



**TCEQ Alternative Fueling Facilities Program (AFFF)**  
**Request for Reimbursement Supplemental Form**  
**Supplemental Reimbursement Form D (Construction Expenses)**

The PERFORMING PARTY must itemize all expenses, and provide supporting documentation to support the billed expenditure, including proof of payment. Refer to the "Required Documentation" paragraph located in Article 17 of the Contract.

<b>Name of Grant Performing Party:</b>	
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Vendor Name	Invoice #	Invoice Date	Description of Item	Invoice Amount	Invoice Amount to be Applied to Contract	Payment Amount	Form of Payment (Check, Wire, etc.)	Check #/Wire ID #	Payment Date
TOTAL CONSTRUCTION EXPENSES TO BE APPLIED TO CONTRACT									

**TCEQ Alternative Fueling Facilities Program (AFFP)**  
**Request for Reimbursement Supplemental Form**  
**Supplemental Reimbursement Form E (Other Expenses)**

The PERFORMING PARTY must itemize all expenses, and provide supporting documentation to support the billed expenditure, including proof of payment. Refer to the "Required Documentation" paragraph located in Article 17 of the Contract.

<b>Name of Grant Performing Party:</b>	
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Vendor Name	Invoice #	Invoice Date	Description of Item	Invoice Amount	Invoice Amount to be Applied to Contract	Payment Amount	Form of Payment (Check, Wire, etc.)	Check #/Wire ID #	Payment Date
TOTAL OTHER EXPENSES TO BE APPLIED TO CONTRACT									